
OLR BILL ANALYSIS

SB 30

AN ACT IMPLEMENTING PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES.

SUMMARY:

This bill makes changes in human services programs, most of which the Department of Social Services (DSS) administers. Specifically, it:

1. eliminates a statutory formula DSS has used to set hospital inpatient rates;
2. provides that Medicaid dental service limits are per-client limits and apply regardless of the number of providers the client sees;
3. extends by one year the process DSS uses to calculate interim hospital disproportionate share payments;
4. permits DSS to reduce the amount it reimburses certain facilities that serve people with disabilities when their land and building costs go down;
5. requires veterans and their families who apply for or receive Medicaid to apply for any federal veterans' benefits for which they might qualify;
6. increases the number of private assisted living pilot program slots;
7. requires individuals participating in the Medicaid Personal Care Assistance (PCA) waiver program to move into the Connecticut Home Care Program for Elders in order to continue receiving PCA services once they turn 65;
8. makes the new Bureau of Rehabilitative Services a stand-alone state agency;

9. moves from DSS to the State Department of Education certain child care functions;
10. requires certain unlicensed home health care employees to be certified to administer medications by January 1, 2013; and
11. repeals (a) an obsolete “reliable transportation” pilot program and (b) a rate-setting formula for certain hospitals, consistent with the bill’s elimination of DSS’ current inpatient hospital rate-setting formula, and makes a conforming statutory change.

EFFECTIVE DATE: Various, see below

§ 1 — MEDICAID INPATIENT HOSPITAL RATES

The bill eliminates the inpatient hospital rate-setting formula DSS currently uses to calculate Medicaid payment amounts. That formula includes a hospital-specific target amount per discharge component that the commissioner can adjust for accuracy or for hospitals serving disproportionate numbers of low-income patients. It appears that DSS intends to replace its current statutory formula with a cost-neutral, acuity-based, rate-setting method phased in over time. PA 11-44 directed the commissioner to submit a plan for doing so to the Appropriations and Human Services committees by January 1, 2012. (The department has not done so.)

EFFECTIVE DATE: Upon passage

§ 2 — DENTAL SERVICES FOR ADULT MEDICAID RECIPIENTS

The law (1) subjects most nonemergency Medicaid dental services to prior authorization and (2) directs the DSS commissioner to limit nonemergency dental services provided to adult recipients. This latter provision includes allowing for one periodic dental exam, one dental cleaning, and one set of x-rays yearly for healthy adults. The bill provides that these dental benefit limitations apply to each client regardless of how many providers serve the client.

DSS is in the process of establishing client-centered medical homes that include a dental home that coordinates a client’s dental care.

EFFECTIVE DATE: July 1, 2012

§ 3 — INTERIM DISPROPORTIONATE SHARE PAYMENTS TO HOSPITALS

The bill extends from October 1, 2012 to October 1, 2013, the period in which the DSS commissioner must use FFY 09 data, adjusted for accuracy, to make interim Medicaid disproportionate share (DSH) payments to short-term general hospitals. Federal law requires states to make such payment adjustments for hospitals that serve a disproportionate share of low-income patients. Beginning on October 1, 2013, he must use the most recent federal fiscal year data available. The law prohibits DSH payments to Connecticut Children's Medical Center and John Dempsey Hospital.

EFFECTIVE DATE: Upon passage

§§ 4 & 5 — DSS PAYMENTS TO PRIVATE FACILITIES OPERATED BY REGIONAL EDUCATION SERVICE CENTERS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND AUTISM AND INTERMEDIATE CARE FACILITIES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (ICF-MR)

The bill permits DSS to reduce the amount it reimburses (1) private facilities operated by regional education service centers for individuals with developmental disabilities and autism and (2) ICF-MRs if these facilities experience a "significant" decrease in their land and building costs to reflect these cost reductions. (The bill does not define significant.) PA 11-44 (1) froze the payments to these facilities for FYs 12 and 13 unless they made a required capital improvement for resident safety and (2) allowed DSS to make lower payments over previous years to facilities for which it had issued interim rates.

EFFECTIVE DATE: July 1, 2012

§ 6 — VETERANS REQUIRED TO APPLY FOR FEDERAL BENEFITS

The bill requires veterans and their families who apply for or receive Medicaid benefits to apply for any benefits for which they might be eligible through the federal Veteran's Administration (VA) or Department of Defense. VA medical benefits are available to all

veterans who served honorably for at least two years in any branch of the military (See BACKGROUND).

The law defines veterans as individuals honorably discharged from, or released under honorable conditions from, active service in the armed forces.

EFFECTIVE DATE: July 1, 2012

§ 7 & 8 — EXPANSION OF PRIVATE ASSISTED LIVING SERVICES PILOT

The bill increases, from 75 to 125, the total number of people who can participate in two private assisted living pilot programs (one Medicaid- and one state-funded, administered by DSS). The programs help pay for assisted living services, but not room and board, for people living in private assisted living facilities who have used up their own resources. (Participants must use their own funds to pay their room and board costs.)

To qualify, applicants must:

1. be Connecticut residents at least age 65;
2. reside in a private assisted living facility;
3. need help with one or more activities of daily living, such as bathing, dressing, eating, or taking medication; and
4. qualify functionally and financially for the Connecticut Homecare Program for Elders (CHCPE).

EFFECTIVE DATE: July 1, 2012.

§ 9 — PEOPLE TRANSITIONING FROM PERSONAL CARE ASSISTANCE WAIVER AT AGE 65

The Medicaid Personal Care Assistance (PCA) Waiver Program offers PCA services to adults with severe disabilities age 18 and older who meet the program's eligibility criteria (e.g., income no higher than \$2,094 per month). PCAs help clients perform activities of daily living,

enabling them to remain in their communities and, when possible, work.

The bill requires program participants who turn 65 to be transitioned to the CHCPE to receive these services. CHCPE is a Medicaid- and state-funded program that provides home- and community-based services to frail individuals age 65 and older.

In 2006, the legislature removed the PCA Waiver Program's upper age limit and directed DSS to amend the waiver to allow individuals to continue receiving benefits once they turned 65. The state's current waiver allows individuals to either stay on the PCA waiver program or transition to the CHCPE.

EFFECTIVE DATE: July 1, 2012

§10 — BUREAU OF REHABILITATIVE SERVICES

The bill makes the Bureau of Rehabilitative Services, created by PA 11-44, a stand-alone entity rather than a bureau within DSS for administrative purposes. Under that act, the bureau was authorized to perform all of the administrative and programmatic functions of the Board of Education and Services for the Blind, the Commission on Deaf and Hearing Impaired, and a workers' compensation rehabilitation program for employees injured on the job.

The bill requires DSS to provide the bureau administrative support services until (1) the bureau's request that the department no longer do so or (2) June 30, 2013, whichever is earlier.

EFFECTIVE DATE: July 1, 2012

§§ 11 & 12 — MOVING CERTAIN DSS CHILD CARE FUNCTIONS TO STATE DEPARTMENT OF EDUCATION (SDE)

By law, DSS is the state's lead agency for child day care services. The bill removes the department's responsibility for developing and implementing a statewide coordinated child day care and early childhood education training system for licensed child care facilities that makes available to them and their staff scholarship assistance,

career counseling, training, and other assistance. (Presumably, the SDE takes over this responsibility.)

The bill also makes the SDE commissioner, instead of the DSS commissioner, responsible for providing grants to local school districts that use school facilities to provide before- and after-school child care and allows SDE to adopt regulations. As a corollary, it also removes the DSS commissioner's authority to (1) use available child care subsidies to implement the grant program and (2) encourage cooperation with the Head Start grant program. DSS continues to consult with the SDE commissioner on the latter grant program.

EFFECTIVE DATE: July 1, 2012

§ 13 — MEDICATION ADMINISTRATION BY UNLICENSED PERSONNEL

The bill requires home health care agencies with clients who (1) need medication administration assistance and (2) participate in the federal Money Follows the Person (MFP) demonstration program (see BACKGROUND) to ensure that by January 1, 2013, an appropriate number of their unlicensed personnel are certified by the Department of Public Health (DPH) to administer non-injectible medication to MFP clients. The agency must designate the number of unlicensed personnel to be certified, ensure certification, and follow the criteria DPH sets in regulations adopted under the Uniform Administrative Procedure Act (UAPA). Nurses and other licensed personnel currently perform these functions and will continue to do so for clients (1) not participating in MFP or (2) whose physician specifies that a medication be administered only by licensed personnel.

The law already allows residential care homes (RCHs) that admit residents requiring medication administration assistance, regardless of MFP status, to employ a sufficient number of certified, unlicensed personnel to perform this function in accordance with DPH regulations.

DPH Regulations

Current law requires the DPH commissioner to establish regulations

governing medication administration by unlicensed personnel in RCHs. The regulations must include criteria that homes must use to determine the appropriate number of unlicensed personnel who will obtain certification. They must also establish ongoing training requirements including initial orientation, residents' rights, behavioral management, personal care, and general health and safety. The bill expands these regulations to include medication administration to MFP clients by unlicensed personnel in home health care agencies and requires DPH to use UAPA procedures to promulgate the amended regulations. (This is not required for current DPH regulations.)

Disciplinary Action Against Licensed Nurses

The bill prohibits DPH-licensed nurses working for either a home health care agency or RCH from being disciplined for delegating medication administration to a certified, unlicensed employee unless (1) the employee acts under the nurse's specific instructions or (2) the nurse fails to leave instructions when he or she should have done so.

EFFECTIVE DATE: October 1, 2012

§ 14 — NURSE MEDICATION ADMINISTRATION FEE FOR HOME HEALTH SERVICES

The bill freezes at FY 12 levels, the nurse medication administration fee DSS pays in FY 13 for home health services for clients unless the DSS commissioner approves an increase (see BACKGROUND).

EFFECTIVE Date: October 1, 2012

§ 15 — REPEALERS

The bill repeals an obsolete two-year "reliable transportation" pilot program to help workers and job seekers secure reliable transportation to travel to employment, educational programs, job training, and child care facilities. The pilot sunsetted in 2000 (CGS § 17b-688j). To conform with § 1 of the bill, it also repeals a related hospital rate-setting statute.

EFFECTIVE DATE: July 1, 2012

BACKGROUND

Veterans' Medical Benefits

DSS' Medicaid eligibility determination form requires applicants to self-report information about household members who are veterans. Additionally, DSS' Fraud and Recoveries unit uses a federal matching system to identify individuals receiving both Medicaid and federal veterans' medical benefit and recovers Medicaid funds improperly paid. (The Medicaid program serves as a "wrap around" program for those services that the federal veteran programs do not cover.) Since 2009, DSS and the Department of Veteran's Affairs have had a memorandum of agreement for sharing data on mutual clients to ensure that federal veterans' benefits are exhausted before Medicaid pays.

Money Follows the Person (MFP)

MFP is a federal demonstration program that allows states to move people out of nursing homes or other institutional settings into less-restrictive, community-based settings. The recent federal health care reform law extends the demonstration period to 2016.

To qualify, an individual must have lived in a nursing home or other institution for at least 90 days and, if not for the community-based services provided under the demonstration, would have to remain in the institution. For the first 12 months the participant lives in the community, the federal government pays an enhanced federal Medicaid match. (In Connecticut, the normal Medicaid match is 50%, and the enhanced demonstration match is up to 75%).

Nurse Medication Administration Fee For Home Health Services

By law, DSS must establish a home health fee schedule which lists what the state will pay home health care and homemaker-home health aide agencies for services provided to Medicaid beneficiaries. This schedule must include a fee for a nurse who makes a home visit solely to administer medication. It applies when the nurse's visit is limited to checking blood pressure, glucometer readings, pulse, and similar health status indicators. Medication administration also includes pre-pouring a dose for a client's later use and teaching the client to self-administer it.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 17 Nay 0 (03/13/2012)